MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S) 09/601360		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND	DEP.
1	1						51						
2		1					52						
3		8					53						
4		8					54						
5		8					55						
6		8					56						
7		8					57						
8		8					58						
9		0					59						
10		8					60						
11		8					61						
12		8					62						
13		8					63						
14		8					64						
15		8					65						
16		8					66						
17		8					67						
18		0					68						
19		8					69						
20		8					70						
21		8					71						
22		8					72						
23		8					73						
24		8					74						
25		0					75						
26	1						76						
27		1					77						
28	1						78						
29		2					79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
							100						
	3						TOTAL IND.						
	3						TOTAL DEP.						
	3						TOTAL CLAIMS						